

**STATE OF MONTANA**  
**DEPARTMENT OF INSURANCE**  
840 Helena Avenue  
Helena, MT 59601  
<http://sao.state.mt.us>

**APPLICATION FOR SURPLUS LINE PRODUCER'S LICENSE**

**TO THE INSURANCE COMMISSIONER OF THE STATE OF MONTANA:**

The undersigned hereby applies for a Surplus Line Producer's License pursuant to the provisions of Section 33-2-305, Montana Code Annotated.

☐ Individual ☐ Agency

1. NAME OF APPLICANT: \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_

2. BUSINESS LOCATION: \_\_\_\_\_

3. MAILING ADDRESS: \_\_\_\_\_

4. BUSINESS TELEPHONE NUMBER: \_\_\_\_\_

5. APPLICANTS:

List individual(s) to be authorized as surplus lines producers.

Name	Social Security #	Date Licensed as Property and Casualty Producer
_____	_____	_____
_____	_____	_____

6. APPLICANT'S MONTANA INSURANCE PRODUCER LICENSE NUMBER: \_\_\_\_\_

Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_ being of lawful age, being first duly sworn, on oath, deposes and says: That he/she is one of the same person whose name is subscribed to this application; that he/she understands "The Surplus Lines Law" as found in Title 33, Chapter 2, Part 3, Montana Code Annotated; that he/she has read the same, knows the contents thereof, and all statements of fact herein contained are true.

\_\_\_\_\_  
Signature of Applicant (Officer if corp. applicant)

- ANNUAL LICENSE FEE: \$50.00/individual listed on license
- Make Check Payable to: MONTANA STATE AUDITOR
- Non-resident applicants must attach a current letter of certification from their home state, showing five years or more of continuous licensure as a property and casualty insurance producer.